

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 20%;"> SERIAL NO. 09/693366 APPLICANT(S) </div> <div style="width: 40%;"> FILING DATE </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL C.						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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